

WASHINGTON STATE GAMBLING COMMISSION

LOCATION: 4565 7th Avenue SE, Lacey WA 98503 MAILING ADDRESS: P.O. Box 42400, Olympia WA 98504-2400 TELEPHONE: 360-486-3440 / FAX NUMBER: 360-486-3631 TOLL-FREE: 1-800-345-2529 / TDD: 360-486-3637

WEB SITE: www.wsgc.wa.gov

ANNUAL RENEWAL APPLICATION FOR COMMERCIAL BUSINESS

SPECIAL INSTRUCTIONS:

- 1. Complete the entire application and follow the instructions set out in the renewal notice. Be sure to return it to our office on or before the date required. Failure to do so may jeopardize the operation of your gambling activity(ies).
- 2. For timely processing of your organization's renewal license, please ensure the highest-ranking executive officer (president or equivalent) signs the application.
- 3. For help, please contact a licensing technician at any of the above telephone numbers.

THIS FORM WILL BE READ BY A VERY SENSITIVE SCANNING DEVICE

Please use the following examples to fill out this form:

- For optimum accuracy, please print in capital

letters and avoid contact with the edge of the

box. The following will serve as an example:

Please 'X' the boxes. Do NOT shade-in or use '√'.

Print with a black ballpoint pen and press firmly, or use a typewriter.

A B C D E F G H I J K L M

|N|O|P|Q|R|S|T|U|V|W|X|Y|Z|

'X' Boxes Like This →

Not Like This →

1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0

	1101 = 11110 2	
 When asked for additional lists or comments, the i white 8 $\frac{1}{2}$ X 11 inch paper. 	nformation must be neatly	orinted or typewritten on sheets of
 When asked for legal or business documents, the c can be identified to the question being asked. 	opies must be clean and le	gible and marked so the document
PLEASE MARK 🗵 WHICH LICENSE(S) TYPE AND CL	ASS(ES) YOU ARE RENEW	ING.
☐ Manufacturer (20)	Class:	Fee: \$,
☐ Distributor (21)	Class:	Fee: \$,
Service Supplier (26)	Class:	Fee: \$
☐ PB / PT Service Business (27)	Class:	Fee: \$
☐ Punch Board / Pull-Tab (05)	Class:	Fee: \$,
☐ Public Card Room (65)	Class:	Fee: \$,
☐ Public Card Room – F Endorsement (65)	Class:	Fee: \$,
☐ Public Card Room – House-Banked (67)	# of Tables:	Fee: \$,
Commercial Amusement Games (53) (52)	Class:	Fee: \$,
☐ Fund-Raising Event Equipment Distributor (28)	Class:	Fee: \$
	TOTAL FEES SUBMIT	TED: \$;;
Business Office Use Only:		
Code: 211- Date: / /	Amt: \$ _,	00 Val #:
Code: 211- Date: / / /	Amt: \$ _,,	

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Code: 211-____ Date: _____ / ____ / ____ Amt: \$_____ Amt: \$_____ .00 Val #:

	of business structure. Mark ⊠ one ☐ Sole Proprietorship	Partnership				orpor						.C			
Аp	plicant:				-	1	1			-			-		
Hig	Use Full Name, Corporate or Partnership name ghest Ranking Individual:														
	Last Name: :::				!		_		<u> </u>	_ _	_		_ _	_ _	
	First Name:					_		1	<u> </u>	_			MI	: _	
	Title:			.		_ _	<u> </u>			_ _		_	_ _	_ _	
Pre	emises Street Address:				!	_ _	_			_ _	_l		_ _	_ _	
City	y: iiiiiiiiiiii		.	!	_	_	l	_ _	_ _	l_		State	: <u> </u>	_ _	
Zip	o: County:				!	_ _	_			_ _	_l		_ _	_ _	
Tel	lephone: - -	- ;;	_	F	- AX: _	!	l	_ - _				- :_	_ _	_ _	
Tra	ade Name:				_	_ _	<u> </u>	.l		_	_		_ _	_ _	
Bu	siness Mailing Address:				_	_ _	<u> </u>		_	<u> </u>	_		_ _	_ _	
City	y:			_		_	_	_ _	_ _	_		State	: <u> </u>	_ _	
Zip	o: County:				<u> </u>	_ _	<u> </u>					_	_ _	_ _	
Tel	lephone: _ - -	-	_	F	- AX: _	_	l	_ - _				- :_		_ _	
City	y Limits: Inside Outside	WA State De	ept. of F	leven	ue's L	JBI #:	<u> </u>	<u> </u>		<u> </u>	_ _		_	_ _	
E-N	Mail Address (if available):		1		-	1	-		!	l			1	-	
	ve there been any <u>changes</u> to the Business classification (Example: s Organization Structural Changes:	sole proprietorshi	p to cor	porat	ion, et	c.)?						Yes] N	
(b)	Trade name? If Yes, what name were you previo	•										Yes] N	
								_i	.i	_i	_i	_ii_	i	_i_	
(c)	Effective Date for new trade nate Have you added or substantially chand / or drink?	,,		•			•	ther	thar	n foc	d	∐Yes] N	
	Business Activity:														

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2.	Hav	ve there been any changes to the following? Please answer all questions below. (Continu	ed)	
	(e)	In the number of corporate shares or LLC units authorized or issued?	Yes	☐ No
		• Total number of shares / units authorized? (Old) (New)	_ ,	
		• Total number of shares / units issued? (Old) , (New)	_ _ ,	
	(f)	To officers, board members, partners, stockholders, LLC members, substantial interest holders? (See WAC 230-02-300.) (Attach additional sheets using same format, as needed)	? Yes	□No
		• Title:	_	
		Last Name:	_	
		First Name:	_ii	MI:
		Social Security #: - - Date of Birth: -	-	
		Work #:	<u> - </u> :	
		Home Address:	_	
		City:	State:	
		Zip: County:	_	
		Name of Spouse:		MI:
		Social Security #: - - - Date of Birth: -	-	
	(g)	Status effecting ownership?	Yes	□No
		If Yes, mark ⊠ one: ☐ Marriage ☐ Divorce ☐ Death ☐ Incapacity		
		Submit documents outlining the change, such as: copies of marriage certificate, divorce docum certificate, will, property settlement agreement, court documents outlining incapacity, etc. <u>information / documents may be required</u> .		
		Change Effective Date: - - - - - - - - - - -		
		Please provide the following information on new spouse:		
		Last Name:		
		First Name:		MI:
		Social Security #: - - - Date of Birth: -	_ -	
		Work #: - - Home #: - -	_ - :	
	(h)	Any new gambling manager(s)? (Attach additional sheets using same format, as needed)	Yes	□No
		• Last Name:	_ _	
		First Name:		MI:
		Social Security #: - - Date of Birth: -	-	
		Work #:	<u> - </u> ;	
		Home Address:	_	
		City:	State:	
		Zip: _ _ County: _ _ _ _ _ _ _		

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(i)	Any new loans?	
		No
	Any new loans, draws on lines of credit, or cash / asset contributions obtained over the license year, which individually or collectively exceed a total of \$10,000, must be reported. Provide a written explanation and attach copies of loan documents to this renewal notice. Documents from recognized financial institutions may be omitted, but should be noted in your explanation. See WAC 230-12-305.	
(j)	Have you added or amended agreements with any gaming equipment manufacturers or distributors? Yes Yes Yes	☐ No
		n State.
(a) (b)	Is your revenue sharing agreement expired? Have you changed route operators? Do you have a new Amusement Game Manager? If Yes, complete below: Last Name: Last Name: First Name: City: City: Home Address: Business Telephone: Have you ever forfeited bail, been arrested / charged with a crime / convicted / jailed / or placed on probation for a crime? Signature of Primary Game Manager attesting to the criminal history:	No No No \ // No // No // No // No // No
	Social Security #:	/II: /II: /II: /II: /II:
	(E: CC) Ha (a) (b)	Attach a list of all existing locations, including street address, involving your gambling activities in Washington (Example: warehouses, amusement centers, etc.) COMMERCIAL AMUSEMENT GAMES APPLICANTS Has your revenue sharing agreement expired? (a) Have you changed route operators? (b) Do you have a new Amusement Game Manager? If Yes, complete below: Last Name: Social Security #: Home Address: City: Zip: Business Telephone: Have you ever forfeited bail, been arrested / charged with a crime / convicted / jailed / or placed on probation for a crime? Signature of Primary Game Manager attesting to the criminal history: (c) Who are your adult supervisors: Last Name: First Name: Social Security #: Home Address: City: Date of Birth: Home Address: Last Name: First Name: First Name: Social Security #: Home Address: Date of Birth: Home Address:

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5.	MANUFACTURER APPLICANTS													
	Have you marketed any new or updated gambling equipment in the state of Washington over the past year?													
	If Yes, specify:													
6.	SERVICE SUPPLIER APPLICANTS													
	a. Attach a current list of all Washington State Gambling Commission licensees for which your business holds contracts.													
	 b. Are there any new contracts / agreements related to the licensed services you provide that have not been previously submitted to the commission? If Yes, attach a copy of the contracts / agreements. 													
7.	PUNCH BOARD / PULL-TAB APPLICANTS													
	Do you feature Punch Board / Pull-Tab games with progressive jackpot games?													
	Yes No If Yes, who is your licensed commercial gambling manager?													
	Name:													
	Social Security #: - -													
	See WAC 230-30-025(3)(a).													
8.	PB/PT SERVICE BUSINESS PERMIT APPLICANTS													
	Did either of the following conditions occur during the past 12 months:													
	a. The nature of the business being provided included services defined in WAC 230-02-205(1); or													
	b. The combined total gross billings from providing services exceed twenty thousand dollars.													
	<u>If you answered YES to either of the above</u> , your permit becomes void. To continue providing services you must apply for a gambling service supplier license. Please contact our office for the appropriate application or if you have questions regarding this type of license.													
9.	TYPE OF LIQUOR LICENSE:													
	☐ Tavern – Beer / Wine ☐ Restaurant / Lounge – Spirits / Beer / Wine													
	* * STOP * *													

Review the entire application again. Incomplete answers or missing attachments will slow the processing of your renewal. If you need our help, please call.

YOUR APPLICATION AND THE PUBLIC RECORDS ACT

From the moment we receive your application, it becomes a public document subject to the Public Records Act (RCW 42.17) and other Washington laws. Per WAC 230-04-020 (4), the Commission may disclose to the public or discuss at a public meeting, all information set forth in this application and all supplemental information submitted. The Commission responds to public document requests through a Public Disclosure Request process. In the event that the Commission receives a public disclosure request regarding this application or the license file established, you may request in writing, that the Commission notify you of such request as provided in RCW 42.17.330.

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* * REMEMBER * *

Only the owner, a partner, managing LLC Member, President, or Chief Executive Officer may sign this application.

OATH OF APPLICATION

I declare under penalty of perjury, under the laws of the state of Washington, that all information provided on this application is true and complete to the best of my knowledge. I understand that untruthful, misleading, or incomplete answers whether through misrepresentation, concealment, inadvertence, or mistake, are cause for revocation / suspension of any gambling license(s) currently held. I agree to notify the Washington State Gambling Commission should any information required on this application and / or on my Personal / Criminal History Statement change or become inaccurate in any way. I understand that if I fail to make such notification, it may constitute grounds for suspension or revocation of my license. I further understand that if any criminal or civil actions are filed against any substantial interest holder of the corporation / business during the licensure period, the commission must be informed. See WACs 230-04-022, 230-12-305, and 230-12-310.

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➤ Print – Last Name:		_ _	_						_ _	_ _	_ _	_ _	_ _	_		_ _	_		_	_	
Print – First Name:		_	_ _	_	.		_	_	_ _	_	_	_	_	_	_ _	_ _		_ _	_	MI:	
Signature:																					
Title:			_			_	_ _	_ _	_ _	_ _	_ _	_ _	_ _	_	_	_	_	<u> </u>	_	_	l
Date: -	-	_																			
Application Prepared By:																					
Print – Last Name: _	_ _	!	_			l_	_ _	_ _	_	_ _	_ _	_	_	_		_	_		_	_	
Print – First Name: _		_	_!	ll			_ _	_ _	_l	_ _	_ _	_ _	_ _	_ _		_ _	_	.	_	MI:	
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